

OFFICIAL USE ONLY:
Approved by:
Dean of Students:
Administrator:
Registrar:

PLEASE STAPLE 2 PASSPORT PORTRAITS HERE:	

# **GLAD TIDINGS BIBLE COLLEGE**

## **APPLICATION FOR ENROLLMENT**

## **General Information**

Personal	
Name (as you wish it to appear on records):	
Address:	
Phone: ()	
Date of Birth:	Age at present:
Place of Birth:	
Family Marital Status (tick the applicable box)	Married  • Wedded in Church • Traditionally • Co-habiting  Single  Separated  Widowed  Divorced
Name of Spouse:	
Children: No. of your own (if any):	No. you care for:

 $\textbf{Address:} \ PO \ Box \ 2560, Kampala, Uganda \quad \textbf{Phone:} \ (041) \ 530-524 \quad \textbf{Email:} \ admin.gtbc@gladtidingsbc.org$ 

Give the name, address and phone number (if applicable) of two personal references. They should be good standing people in the community (well known i.e. Pastor, L.C., Business leader, etc) and they should know you personally. We may contact them for information about you. It is preferable to list people who have a phone as this speeds up your application process.

Name, Position, Address and	Phone Number:		
1		2	
Your e-mail addre Occupation and Skills	SS		
What is your current form of			
What other skills do you kr	now?		
Educational History  Tick each aspect of education level you indicate.	on you have <u>finished</u> .	and attach the academi	c testimonials of each
List below colleges or univ Kampala).	ersities you have atte	nded since leaving school	ol (including GTBC,
Name of School	City and District	Degree/Dip received	Credits earned
I seek to be admitted a		530-524 <b>Email</b> : admin.gtbc@	Paladtidinashs ara

## Course Enrollment

1.	Which award are you interested in obtaining during this <u>application period</u> ? (please tick)		
	Certificate in Christian Ministry (60 credits minimum)		
	Diploma in Christian Ministry (80 credits minimum)		
	Diploma in Bible and Theology with Education (96 credits minimum)		
	Diploma in Christian counseling (64 credits)		
2.	. Which Programs of Study do you intend to use to get your award?		
	Full-Time Day Holiday-based/Modular and Self-Paced		
*Reside	ential		
*Non R	tesidential		
	Part-Time		
3.	Do you wish to apply for transfer of Credits from Previous Colleges?		
\ \ \ \ \	If you wish to transfer credits from any other college (s) you previously attended, please make sure that those institutions send official transcripts (signed and sealed) directly from their office to Glad  Tidings Bible College.		
4.	How did you get to know about this Bible College?		
	Radio adverts Television News Papers Friend Students		
<u>Spiriti</u>	ual Information		
1.	Home Church Name:		
	Home Church Address:		
	Pastors Name:		
	Denominational Affiliation (Tick One):		
	PENTECOSTAL METHODIST ANGLICAN BAPTIST		
	PRESBYTERIAN OTHERS		
Add	ress: PO Box 2560, Kampala, Uganda Phone: (041) 530-524 Email: admin.gtbc@gladtidingsbc.org		

110W	long have you been a member of the above church?
What	are your positions of responsibility in the church?
	ne names and locations of any other churches you have been a member of sin saved.
b.	
c.	
d.	
e.	
	ou agree to abide by all the school policies and rules as will be provided in the nt & Academic manuals? Yes / No (circle one)
10	rything in this application is true and correct, please sign and date it below:
II eve	
<b>a</b> :	ture: Date:
<b>a</b> :	ture: Date: space provided, write an essay in your own words explaining briefly:
<b>~</b> :	ture: Date: Date: Space provided, write an essay in your own words explaining briefly: How you got saved:
Signa In the	space provided, write an essay in your own words explaining briefly:
Signa In the	space provided, write an essay in your own words explaining briefly:

b)	Why you need to have a formal training:	
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### 10. Note for Foreign Students:

All International Students should come prepared to secure a Pupil's Pass from the Immigration Department, Ministry of Internal Affairs. Within the first week of arrival, concerned students should contact the Dean of Students for a letter of recommendation to the Ministry. There is a fee to pay (not less than US \$100) for the Pupil's Pass.

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#### To the Pastor: This is to be strictly confidential between you and the college authorities.

NAME	OF APPLICA	NT:
1.	Have you read	d the entire application of the applying member of your Church?
	Yes / No	(Please circle)
2.	Is everything	he/she has stated accurate to the best of your knowledge?
	Yes / No	(Please circle)
3.	Is his/her spou	use agreeing with him/her to come to the school? (If Married)
	Yes / No	(Please circle)
4.	Are you happy	y with this person's lifestyle? Is he/she an example of Christian living?
	Yes / No	(Please circle)
5.	Is this applica	nt spiritually mature enough to qualify for this level of training?
	Yes/No	(Please circle)
6.		have to say concerning his/her calling and ministry?  f paper to answer this question)
7.	Are you happy	y with this person's ability to submit to others?
	Yes / No	(Please circle)
8.	☐ I full☐ I reco	ou recommend him/her? (tick your response) y recommend him/her to join this college ommend him/her with reservation. not recommend him/her at this time.
9.	☐ Spiritu	
Signatı	ure:	Date:
& Stan	np	(Pastor)

AFTER COMPLETING THIS FORM, PLEASE MAIL IT TO THIS ADDRESS BELOW.

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